

Allergies/Vaccine Reactions:

You will need this lifetime immunization record for child care, school, camp, college, the military, travel, employment, or long-term care facilities. Immunizations are also entered into the statewide immunization registry. To request a copy of your immunization record or your child's, call 701.328.3386 or toll-free at 800.472.2180.



NORTH DAKOTA
DEPARTMENT *of* HEALTH

Name: _____

Birth Date:

Present this record to your doctor or nurse at each visit.

Hepatitis B (Hep B, HBV)				
Dose #	Date Given	Type*	Physician/Clinic	Next Due Date
1				
2				
3				

Diphtheria, Tetanus, Pertussis (DTaP, DT)				
Dose #	Date Given	Type*	Physician/Clinic	Next Due Date
1				
2				
3				
4				
5				

<i>Haemophilus influenzae</i> type B (Hib)				
Dose #	Date Given	Type*	Physician/Clinic	Next Due Date
1				
2				
3				
4				

Polio (IPV, OPV)				
Dose #	Date Given	Type*	Physician/Clinic	Next Due Date
1				
2				
3				
4				

Measles, Mumps, Rubella (MMR)				
Dose #	Date Given	Type*	Physician/Clinic	Next Due Date
1				
2				

Varicella (chickenpox)				
Dose #	Date Given	Type*	Physician/Clinic	Next Due Date
1				
2				

History of chickenpox (date):

*Use the *Type* column to write the name of the vaccines, including combination vaccines. Record combination vaccines in the section for each individual component.

[illegible]